

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application Of:)
Saori KITAO, *et al.*) Group Art No. To be assigned
Serial No: 09/889,325) Examiner: To be assigned
Filed: January 19, 2000) Docket No. 004276.00003

For: GENE CAUSATIVE OF ROTHMUND-THOMSON SYNDROME AND GENE PRODUCT

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97(b)

Assistant Commissioner of Patents
Washington, D.C. 20231

Sir:

Pursuant to their duty of good faith and candor as set forth in 37 C.F.R. § 1.56(a)
Applicants submit herewith copies of documents cited on the attached Form PTO 1449.

Applicants respectfully request that the Examiner consider and enter these documents
into the file of the above-identified application. No fee is believed to be due to ensure
consideration and entry of the cited documents by the Examiner. However, if a fee is deemed
necessary, the Commissioner is authorized to charge our Deposit Account No. 19-0733.

Respectfully submitted,

Sarah A. Kagan
Registration No. 32,141

Dated: 01-18-02
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PTO/SB/08B(10-01)

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DISCLOSURE STATEMENT BY
APPLICANT**

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Complete if Known

Application Number	09/889,325
Filing Date	January 19, 2000
First Named Inventor	Saori KITAO, et al.
Group Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	004276.00003

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

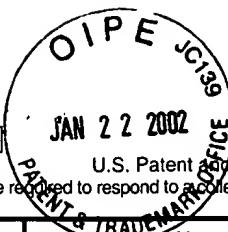
Examiner Signature		Date Considered	
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/889,325
		Filing Date	January 19, 2000
		First Named Inventor	Saori KITAO, et al.
		Group Art	To be assigned
		Examiner Name	To be assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	004276.00003

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
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<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Sarah A. Kagan, Reg. No. 32,141	
Signature		
Date	01-18-02	

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